MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
08-604950	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		—		51							
2		1		1	—		52							
3		2		2		1	53							
4		2		2		1	54							
5		2		2		1	55							
6		2		2	—		56							
7		2		2		1	57							
8		1		1		1	58							
9		1		1		1	59							
10		1	cancel		—		60							
11				1			61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1		1		TOTAL IND.							
TOTAL DEP.		13		16			TOTAL DEP.							
TOTAL CLAIMS	10		14		7		TOTAL CLAIMS							